

Equipment Inventory

Program Name: _____

Grant #

Date of Inventory: _____

Contact Person: _____

Phone Number: _____

Equipment Condition Scale (*):

P = Poor (less than 1 year useful life remaining)

F = Fair (less than 2 years useful life remaining)

G = Good (less than 3 years useful life remaining)

E = Excellent (4 or more years useful life remaining)

[illegible]

FAX to the Commission at (916) 323-3227 Attention: Fiscal Office